

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586276

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14	1		1		1	
15		1		1		1
16		2		1		1
17		1		1		1
18			II		II	
19			II		II	
20			II		II	
21			II		II	
22			II		II	
23			II		II	
24			II		II	
25			II		II	
26			II		II	
27			II		II	
28			II		II	
29			II		II	
30			II		II	
31			II		II	
32			II		II	
33			II		II	
34			II		II	
35			II		II	
36			II		II	
37			II		II	
38			II		II	
39			II		II	
40			II		II	
41			II		II	
42			II		II	
43			II		II	
44			II		II	
45			II		II	
46			II		II	
47			II		II	
48			II		II	
49			II		II	
50			II		II	
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	16	←	18	←	18	←
TOTAL CLAIMS	18		20		20	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						